



## **USAID/West Bank and Gaza Response to Nutritional Needs of Palestinian People**

### **USAID's Response**

1. Implementation of nutritional strategy in the West Bank and Gaza through on-the-ground technical partners; and
2. Directed emergency food assistance and vouchers in the West Bank and Gaza.

### **USAID's Nutrition Strategy**

- Food Assistance and Food Vouchers to Vulnerable Populations;
- Vitamin and Mineral Supplementation;
- Behavior Change & Communication;
- Training of Health Care Providers;
- Uninterrupted Continuation of Vaccination Program;
- Introduction and Compliance of Appropriate Iron Fortification Policies;
- Food Security and Nutrition-focused research; and
- Close Coordination with Other USAID Programming, such as water.

### **USAID Interventions**

1. Awarding of two grants in response to international appeals -- one to the World Food Program (WFP) and one to the International Committee for the Red Cross (ICRC) -- to deliver basic foodstuffs and food vouchers in the West Bank and Gaza to approximately 550,000 vulnerable persons.
2. Procurement of specific vitamin and mineral supplements, such as iron and folic acid tablets for pregnant women and vitamin A, C, D, and iron capsules for children. Health information and communication campaigns will be designed to ensure high rates of compliance. Training of health staff will be required to assure their understanding of proper nutrition and supplementation policies.
3. Training of health workers on the vital role of nutrition in fetal and child development, and routine child growth monitoring. All caregivers should be alert to the important interactions of health and nutrition, and be able to identify those most at risk and give advice about how to prevent and treat nutritional problems. Training in and implementation of counseling for caregivers and families on an affordable and nutritious food basket, and its allocation within the family.

4. Assisting and promoting immunization programs to ensure non-interruption of vaccination supply and coverage according to local policies to minimize infectious disease morbidity rates amongst newborns and children. (Note: Malnutrition increases the risk of infectious diseases.)
5. Training in and implementation of health education and counseling to ensure compliance with immediate and exclusive breastfeeding and appropriate complementary feeding practices for mothers for at least the first six month of an infants life.
6. Early recognition and proper control of diarrheal diseases, promoting home use of Oral Rehydration Salts (ORS), which is a correlate of malnutrition and anemia. (Note: Children and adults who are malnourished are more prone to severe forms of diarrhea and other infections leading to dehydration.)
7. Training in and implementation of health education and counseling of adolescent girls and families on the importance to delay age of marriage, hence first pregnancy, and to promote birth spacing practices to minimize rates of anemia and poor birth outcomes in young women and their babies.
8. Identifying and implementing appropriate and critical food security and nutrition research, providing reliable and timely data for policy dialogue and decision making.
9. Advocacy and coordination to achieve the introduction and/or strengthening of vitamin and mineral fortification of basic foods, with health education to promote use and compliance with implementation of appropriate iron, vitamins B and folic acid fortification policies for all flour and cereals (grains) sold in or gifted to the West Bank and Gaza. This should include promotion of fortification of flour at sources of purchase for the Palestinian Authority as well as donor-financed food assistance.